COMMENTARY

AN ALTERNATIVE METHOD FOR CONSTRUCTING AN OBTURATOR PROSTHESIS FOR A PATIENT WITH A BILATERAL CLEFT LIP AND PALATE: A CLINICAL REPORT

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The authors have expanded upon a previous technique, authored by Tuna and colleagues, that used a fixed partial denture (FPD) to position and stabilize a discontinuous, or free-floating, premaxillary segment in a bilateral cleft lip and palate (BCLP) subject. In the present article, the authors have combined the stabilization purpose of the FPD with a design that incorporates sole retention for a maxillary obturator by the same FPD in a BCLP subject. The original technique[1] used a provisional FPD as a guide to reposition and stabilize a discontinuous premaxillary segment in a BCLP subject. The altered provisional restoration was used as an impression tray to impress the prepared teeth as well as record the new positions for the two maxillary central incisors in the free-floating segment, the maxillary right and left cuspids and second premolars. From the subsequently generated master cast, the final FPD was fabricated, stabilizing the premaxillary segment in its revised orientation.

In this article, a similar procedure was performed to reposition and stabilize a discontinuous premaxillary segment in a BCLP subject. In addition, the FPD is used to retain a maxillary obturator to close a small palatal defect adjacent to a premaxillary segment. The technique and procedures outlined in the article have clinical merit, specifically, the technique of using a provisional FPD to position the detached premaxilla and, later, to use as a tray for the final impression for the definitive FPD.

The concept of using a fixed splinted framework to stabilize a discontinuous premaxilla has been previously published in the literature. Jackson[2] reported using splinted copings and bars to achieve this stabilization. Rahn and Boucher,[3] and Beumer and colleagues,[4] in their textbooks, mention the use of FPDs for stabilization. However, in their chapter in Beumer and colleagues' textbook, Sharma and Curtis[5] caution that some potential movement of a nongrafted, movable cleft segment can still exist that can lead to the disruption of the cement seal around the abutments of the FPD. As such, they caution against recommending this treatment as a solution to the stabilization of a discontinuous premaxillary segment[3] that the authors acknowledge in their article.

In this particular clinical report, not only are the authors using an FPD to stabilize a mobile, discontinuous premaxillary segment but they are also using the FPD to retain a small maxillary obturator using a clip-bar attachment that is cantilevered from the FPD. This can place additional leverage on the FPD, which can potentially hasten the disruption of the cement seal around the abutments. The authors do not mention this potential risk at all. The authors noted no loss of retention of the FPD, or the obturator, during a 3-year period following completion of the prostheses. If the authors have used this combined usage of an FPD on other BCLP subjects, it would be interesting to have the authors present a report on the condition of the marginal integrity of the FPDs after a 5-year and 10-year recall time period.

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